

Case Number:	CM15-0028246		
Date Assigned:	02/20/2015	Date of Injury:	11/29/2010
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old female sustained an industrial injury on 11/29/10, with subsequent ongoing back, neck and upper extremity pain. The injured worker underwent left C5-6 posterior laminoforaminotomy and decompression on 9/17/14. In a PR-2 dated 1/20/15, the injured worker reported frequent neck pain 6/10 on the visual analog scale with radiation to the left upper extremity. The injured worker also complained of depression and insomnia. Physical exam was remarkable for spasms within the trapezius along both sides of the incision with tenderness to palpation around the incision with atrophy and some dehiscence. Neurologic exam revealed persistent dysesthesias at C6 dermatome with weakness at wrist extension and decreased sensation in the first web space. The treatment plan included additional physical therapy, electrodiagnostic studies and a topical compound cream to apply to the area around the incision. On 2/4/15, Utilization Review noncertified a request for Topical Compounds Flurbiprofen 20 Percent Cream 120 Grams, Ketoprofen 20 Percent 120 Grams/Ketamine 10 Percent Cream 120 Grams, Gabapentin 10 Percent/Cyclobenzaprine 10 Percent/Capsaicin .0375 Percent 120 Grams citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical Compounds Flurbiprofen 20 Percent Cream 120 Grams, Ketoprofen 20 Percent 120 Grams/Ketamine 10 Percent Cream 120 Grams, Gabapentin 10 Percent/Cyclobenzaprine 10 Percent/Capsaicin .0375 Percent 120 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with neck and low back pain. The current request is for Topical Compounds Flurbiprofen 20 Percent Cream 120 Grams, Ketoprofen 20 Percent 120 Grams/Ketamine 10 Percent cream 120 Grams, Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375 Percent 120 Grams. The treating physician states, "The patient has extreme sensitivity in the area of the incision and locally applied creams will be of some benefit in her therapy. I definitely recommend topical creams as well as Ultracet, so that she can endure her therapy and get better benefit. Apply to affected area 2-3 times a day." (47C) The MTUS guidelines state that topical analgesics are recommended as an option. On MTUS page 111 it states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support muscle relaxants in topical formulation. In this case, the treating physician has prescribed a topical analgesic that contains a muscle relaxant. The current request is not medically necessary and the recommendation is for denial.